

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18316

FILED
Feb 12, 2009
Secretary of State

Entity Name: NATIVITY LUTHERAN CHURCH OF SPRING HILL, INC.

Current Principal Place of Business:

6363 COMMERCIAL WAY
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

6363 COMMERCIAL WAY
WEEKI WACHEE, FL 34613 US

New Mailing Address:

FEI Number: 59-2584667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWENSON, GAYLON
18819 GRAND CLUB DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWENSON, GAYLON
Address: 18819 GRAND CLUB DR
City-St-Zip: HUDSON, FL 34667

Title: SD () Delete
Name: MAU, JOHN
Address: 4 HEUCHERA CT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: DUNCAN, RICHARD
Address: 5527 BAFFIN CIR
City-St-Zip: SPRING HILL, FL 34606

Title: T () Delete
Name: CRISANTI, BARBARA
Address: 7479 SOUTHAMPTON RD
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BOGGAS, JOANNE
Address: 23 FREESIA CT.
City-St-Zip: HOMOSASSA, FL 34446

Title: VD (X) Change () Addition
Name: SCHANTL, WILL
Address: 11368 KINGS TREE CT.
City-St-Zip: SPRING HILL, FL 34609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CRISANTI

TREA

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date